

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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40	3					
41	3					
42	3					
43	3					
44	3					
45	3					
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49	3					
50	3					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	CLAIMS					
	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						